



National Emission Standards for Halogenated Solvent Cleaning
40 CFR 63, Subpart T
Exceedance Report

Part One – General Information

Person Preparing Report: _____ Date: _____
Last Name First Name Middle Initial

Company Name: _____

Mailing Address: _____
Number Street City/Town State Zip Code

Equipment Location Address: _____
Number Street City/Town State Zip Code

Reporting Frequency: (Check the appropriate box) Semi- Annual Quarterly

If an exceedance has occurred, **quarterly** reports are required to be submitted. See 40 CFR 63.468 (h) and (i)

Reporting Period: (Check the appropriate box)

Semi-Annual Reports: ☐ January-June ☐ July-December _____
Year

Quarterly Reports: ☐ January-March ☐ April-June ☐ July-September ☐ October-December _____
Year

Part Two – Information Required per Machine (Make copies for additional machines as necessary)

Cleaning Machine Identification Number: _____ Cleaner Identification Number: _____

Type of Solvent Cleaning Machine: (Check the appropriate boxes)

☐ Batch Vapor ☐ In-Line Cold ☐ In-line Vapor ☐ New ☐ Existing
(Refer to 40 CFR 63.460(c) and (d))

New means any solvent cleaning machine the construction or reconstruction of which is commenced after November 29, 1993.
Existing means any solvent cleaning machine the construction or reconstruction of which was commenced on or before November 29, 1993.

Part Three – Reporting requirements

Information required for **ALL** Batch Vapor and In-Line Cleaning Machines:

Requirements of 40 CFR 63.463(e)(3)(i) and (ii), 63.463(f), or 63.464(c) must be evaluated when determining if exceedances have occurred.

☐ **No Exceedance Occurred**

☐ **Exceedance**

Date of Occurance: _____

Exceedance that Occurred: _____

Reason for the Exceedance: _____

Actions Taken: _____

Results of Actions: _____

Based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature

Date